Agenda Item # CERTIFICATE OF LIABILITY INSURDATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and o

tl	his certificate does not confer rights t	o the	cert	ificate holder in lieu of s	uch en	dorsement(s	olicies may	require an endorsement	. Asta	tement on		
PRO	DDUCER	20.12			CONTACT NAME:							
	IIC O. Box 45279	2			PHONE FAX (A/C, No, Ext): (A/C, No):							
						E-MAIL ADDRESS: Lisa.Rensland@fnicgroup.com						
Omaha NE 68145 INSURED COR30838						INSURER(S) AFFORDING COVERAGE						
SPRINGS			-		INSURER A: Illinois Union Insurance Company				27960			
Coranco Great Plains, Inc.						INSURER B : Union Insurance Company						
PO Box 23						INSURER C: BrickStreet Mutual Insurance Company						
Wahoo NE 68066						INSURER D:						
						INSURER E:						
	VED LOSS			ar are consequently and are secured as	INSURER F:							
	COVERAGES CERTIFICATE NUMBER: 815832288 REVISION NUMBER:											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		DEEN	POLICY EFF (MM/DD/YYYY)						
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER G72523398002		ENERGODO ENERGODO			LIMITS			
	CLAIMS-MADE X OCCUR			0720200002		3/13/2022	5/15/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000, \$ 50,000			
	X 5000							MED EXP (Any one person)	\$ 5,000			
								PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000			
	POLICY X PRO- JECT X LOC			*				PRODUCTS - COMP/OP AGG	\$ 2,000,	000		
В	OTHER:		_						\$			
ь	X ANY AUTO			CPA326036621		5/15/2022	5/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	000		
	OWNED SCHEDULED						-		\$			
	AUTOS ONLY AUTOS NON-OWNED								\$			
	AUTOS ONLY AUTOS ONLY							(Fer accident)	\$			
Α	UMBRELLA LIAB OCCUP			G72523404002		EME (0000	E/4 E/0000	San	\$			
101/6	X EXCESS LIAB OCCUR CLAIMS-MADE			G72525404002		5/15/2022	5/15/2023		\$ 500000			
	DED X RETENTION \$ 0								\$ 500000	00		
С	WORKERS COMPENSATION			WCB1034069		5/15/2022	5/15/2023	X PER OTH-	\$			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)				3/13/2022	0/10/2020						
			N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
If yes, describe under DESCRIPTION OF OPERATIONS below												
Α	Professional Liability Contractors Pollution			G72523398002		5/15/2022	5/15/2023	Each Wrongful Act	\$1,000,0			
	Contractors Foliation					8		Per Occurrence	\$1,000	,000		
							0.00	22/2				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
								11 - 11 i	ω,			
								ूर्व हैंगे	2000			
CEF	RTIFICATE HOLDER	CANCELLATION										
Dodge County Highway Superintendent 435 N. Park Fremont NE 68025						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
			-	1 milafine								

Client#: 770160

ACORD.

INSPRO, a Marsh & McLennan

Agency LLC, Company

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/31/2022

FAX (A/C, No):

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s). CONTACT Lindsey M. Nelson
PHONE
(A/C, No, Ext): 402-941-1927

EMAIL
ADDRESS: Lindsey.Nelson@MarshMMA.com

4000 Pine Lake Road					INSURER(S) AFFORDING COVERAGE					NAIC #	
Lincoln, NE 68506						INSURER A : Employers Mutual Casualty Company					21415
INSURED					INSURER B:						
		Lux Sand & Gravel, Inc.				INSURER C:					
		P.O. Box 333					INSURER D:				
	North Bend, NE 68649-033					INSURER E:					
						INSURE					
					NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAEXCLUSIONS AND CONDITIONS OF SUCH POL					T, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY BY TI	CONTRACT OF HE POLICIES N REDUCED E	R OTHER DOC DESCRIBED H BY PAID CLAIR	CUMENT WITH RESPECT T HEREIN IS SUBJECT TO A	TO WHI	CH THIS
INSR LTR			ADDL INSR		POLICY NUMBER POLICY EXP (MW/DD/YYYY) (MW/DD/YYYY)			LIMITS			
Α	Х	COMMERCIAL GENERAL LIABILITY	Х	Х					EACH OCCURRENCE	\$1,000	0,000
		CLAIMS-MADE X OCCUR	105163	OFFICE A	an communication is		8		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000
		CEANING-INIADE X COCCIT								\$5,00	0
							III		PERSONAL & ADV INJURY	\$1,00	0,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	0,000
		POLICY PRO- JECT LOC								\$2,00	0,000
		OTHER:			*					\$	
Α	AUT	OMOBILE LIABILITY	Х	Х	3E25097		07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	0,000
	Х	ANY AUTO			est amaid devisite of					\$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	Х	HIRED V NON-OWNED			E)				PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY AUTOS ONLY								\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							Control of the Contro	\$	
		OE HING HINE								\$	
Α	WORKERS COMPENSATION			Х	3H25097		07/01/2022	07/01/2023			
^	AND	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			01120007					\$500,000	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE Y	N/A						Andrew Control of the		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below										
A		ased Rented			3C25097 07		07/01/2022	07/01/2023			
^	1000000	uipment 3023097		002007		0170112022	0770172020	ded \$500			
	-4	uipineiit							202 4 000		
DESC	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	l D 101, Additional Remarks Schedi	ule, may	be attached if mo	ore space is requ	ired)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2022 2122 222 222 222 222 222											
CEI	RTIF	ICATE HOLDER				CANC	ELLATION		₹ rA •	T	
Dodge County Highway Dept. C/O Jean Andrews-Dodge County Courthouse Fremont, NE 68025					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Rankell L. Edward						